

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000097916

1. Entity Name
PJB ASSOCIATES, P.A.



Principal Place of Business
**2990 SW 35 AVE
MIAMI, FL 33133**

Mailing Address
**2990 SW 35 AVE
MIAMI, FL 33133**



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0809550	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PAWLEY, CHARLES H
2990 SW 35 AVE
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PAWLEY, CHARLES H
STREET ADDRESS	2990 SW 35 AVE
CITY-ST-ZIP	MIAMI, FL 33133

TITLE	PSTD
NAME	JUNKIN, JOHN E
STREET ADDRESS	638 SAN LORENZO AVE.
CITY-ST-ZIP	MIAMI, FL 33146

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/29/06-80147-022 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. JUNKIN 4-13-06 305 448-0710

Date

Daytime Phone #